DOCUMENT RESUME

ED 288 477 HE 021 005

AUTHOR Van Hecke, Madeleine L.
TITLE Cognitive Development during the College Years.
PUB DATE May 87
NOTE 35p.; Paper presented at the Annual Meeting of the Midwest Psychological Association (Chicago, IL, May 7-9, 1987).
PUB TYPE Reports - Descriptive (141) -- Speeches/Conference Papers (150) -- Guides - Classroom Use - Guides (For Teachers) (052)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Assignments; *Cognitive Structures; *College Students; *Developmental Stages; Higher Education; *Intellectual Development; Learning Activities; Models; *Psychology; Psychopathology
IDENTIFIERS Perry (William)

ABSTRACT

The use of William Perry's (1970) model of cognitive development during the college years to restructure an abnormal psychology course is described. The model provides a framework for students and teachers to understand the confusion and frustration they sometimes experience. Perry proposed that students enter college with tacit epistemological theories that range from simplistic to mature. While Perry outlined nine positions in the model, these are grounded into four stages: dualism, multiplicity, contextual relativism, and commitment. Included are descriptions of assignments that students of abnormal psychology can choose to show their understanding of the idea that meaning and truth are relative. Information is also provided on an assignment that forces students to begin locating research relevant to their individual case studies. Assignments related to assessment and diagnosis are also presented, along with guidelines to help students prepare case analysis papers, and grading criteria for the student papers. A course syllabus is included. (SW)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED288477

Cognitive Development During the College Years

Madeleine L. Van Hecke

North Central College

Paper presented at the May, 1987 meeting of the Midwest Psychological Association.

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Madeleine L. Van Hecke

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

HE 021 005

BEST COPY AVAILABLE

Cognitive Development During the College Years

ABSTRACT

William Perry (1970) described a model of cognitive development during the college years which clarifies students' reactions to their educational experiences. This paper briefly summarizes Perry's main ideas, and then indicates some teaching implications of his model by describing how the author restructured a course in abnormal psychology in light of Perry's scheme.

The following is excerpted from an English composition assignment written by a sophomore undergraduate:

> When it's all said and done in any psychology class, what was said amounts to nothing and what was done doesn't mean a damn thing. One psychologist will conduct a study and venture a theory, but that theory will be refuted immediately by another psychologist who begs to differ. Then even another psychologist will appear and announce his theory which combines the two other theories and a little something special of his own to give it an original facade.
>
> For instance, in terms of industrial psychology, some yahoo with evidently no time constraining responsibilities outside the lab named Fiedler developed a theory on Leadership. He said that leadership can be one of eighth possible situations...in the end what he has said is that characteristics of good leadership depend on the situation.
>
> Low and behold, Ohio State University later offered a theory that Fiedler was five cards short of a flush...
>
> The psychology teacher, after presenting both theories, then says that more research

BEST COPY AVAILABLE

> has been done in support of both sides or that some newer research takes Leadership in a whole new direction. The bottom line is that there are no answers in Psychology. There never have been answers. There most likely will never be any answers.

As psychologists, we are likely to respond to the essayist's derision with perplexity, frustration, or disdain for his apparent misunderstanding of theory and research in psychology. But the essay also raises an intriguing question: What has provoked this student to so much anger? In fact, many psychology teachers may hear fainter echos of the tone of this essayist's comments in our own students' voices. As a recent example, one student wrote on the course evaluation: "I would have liked the book to be organized and not to have studies which contradict each other or where results and conclusions can't be made from studies. These should be eliminated in the book."

Comments like these clearly suggest that students and their instructors are viewing the world from different perspectives. One of the practical values of studying Perry's (1970) theory of cognitive development during the college years is that it provides a framework for both students and their teachers to understand the confusion and frustration they have sometimes experienced. In addition, the implications of Perry's ideas may help professors structure courses to take the students' cognitive levels into account. The purpose of this paper is to briefly introduce Perry's model, highlighting how his ideas help

illuminate our own experiences as teachers and learners.

Perry (1970) described qualitative changes which he believes undergraduates experience in the way they think about the nature of truth and knowledge. Essentially, Perry argued that students enter college with tacit epistemological theories which range from simplistic to mature. While Perry outlined nine different positions in his model, it is possible to group these roughly into four stages: dualism, multiplicity, contextual relativism, and commitment.

The dualistic student holds a "Trivial Pursuit" theory of knowledge in which knowledge is equivalent to an accumulation of discrete facts, statements which can be classified as true or false by experts who know the truth. Because they believe that absolute truth exists and is known by their professors, such students trustingly ask naive questions in search of the simple answers they crave. Within the past few months, psychology students have asked me: "Why did my girlfriend start starving herself? I keep asking her why, but she never could say." "Don't you think it's better not to let homosexuals be teachers?" "On the Phil Donohue show they said there was a gene for shyness. Is that true? My sister is so shy but my parents aren't..." These questions are often posed in the ten minute break between classes, as if the students thought it were possible to provide a two-minute response to the complex issues they are raising.

Our answers to such questions typically involve at least an allusion to the idea that there are numerous theories and studies in psychology bearing on the question itself or its assumptions. Undoubtedly, such responses at times leave students

disappointedly agreeing with the essayist that there are no answers in psychology. One reaction to this disillusionment is to reject psychology as useless and lacking any "real" knowledge (as our essayist has done), or to reject the psychology instructor as incompetent, unable to answer the questions students pose. Other students respond to psychology's lack of definitive answers with confusion and anxiety: "I'm scared of the social science courses. I haven't learned how to approach them...Who's to say what is right and what isn't. Science is more exact." (Goldberger, 1979, p. 15). In other student comments, we see a combination of uncertainty and anger: "I have a fear of tests. I don't know what I'm supposed to know. Teachers say 'You should have gotten this from what I told you there.' Teachers should teach what they know. Sometimes when you ask a question, teachers will answer you, but they won't really tell you...A dedicated teacher would tell students what he knew." (quoted by Parker & Lawson, 1978, p. 424).

Other students struggle through the frustration and uncertainty. As they are continually exposed to a variety of theoretical approaches, they start to shift from their dualistic perspective. They begin to recognize that the truth is not known in all areas of psychology, and their epistemological theory becomes more complex. In addition to the black and white world of Absolute Truth in which all is known, and statements can be shown to be true or false, the students realize there is another realm of the Unknown. In this realm, we are uncertain of what the truth is, and opinion replaces fact.

Perry labels this conception of truth and knowledge multiplicity because students at this level are able to see issues from a variety of perspectives. Moreover, they recognize that diverse ideas may represent legitimate ways of construing reality rather than signs of error. Multiplistic students no longer complain about "having to learn all these theories" instead of saving time and teaching them "the right one." Instead, they become quite adept at comparing one approach with another and may enjoy the freedom that comes from believing that there can be no wrong answers since there are no absolutely right answers.

However, students at the multiplistic level still experience frustration and anxiety. Initiallly, their acceptance of the relativity of truth may be experienced as a major loss: the world is no longer a simple, black and white reality. As Clinchy and Zimmerman (1981) have noted regarding the dualistic position: "There is great power in this position. The student can take a stand, make a judgment, express real conviction. For perhaps the last time in her life, she knows she is right." (p. 163). During the multiplistic level, the student discovers that the "uncertain" areas of psychology are extensive. In addition, multiplistic students are frustrated by the grading process, particularly when they are dealing with issues which fall in the realm of uncertainty. For example, we demand that they write a "position paper" presenting what they consider the most adequate explanation of homosexuality and they wonder how we can grade one paper higher than another since "it's just our opinions, right?" Some shrug their shoulders and conclude that writing skills are

the "real" basis for grades, while others may accuse us of bias: giving good grades to those students whose positions coincide with our own. As one student commented: "One thing that really gets me angry is when you write a piece of writing, and a teacher will look at it and say 'This is not good.' And I don't like getting grades on something I've written, because I don't think they have any criteria to judge it..." (Clinchy & Zimmerman, 1981, p. 168).

As this remark clearly conveys, the problem at the multiplistic level is that the students see no basis on which to evaluate one theory or idea as better than another. Because there is no absolute truth to use as the standard measure of what is true and false in the area of the unknown, students believe "all opinions are equal." Our challenge is to convey to them the difference between supported and unsupported opinion and to increase their awareness of the criteria we use to evaluate their work. Slowly, they may realize such criteria can be used to assess the validity or usefulness of ideas in general.

If we are successful in our efforts, students will recognize that all truth is relative. They will come to accept that we frequently say "Well...it depends..." because in reality what is "true" is not totally objective but depends upon context. A student of mine once wrote: "I don't think it is very helpful to mentally ill people for psychologists to have all these different theories about what causes mental illness," as if we create theories in order to provide material for multiple choice questions. The student who has traveled through the multiplistic

stage and arrived at the level of Contextual Relativism understands that the complexity and sometimes inconsistency reflected in "all these theories" represents our best understanding of how the world really is. Such students are judged to be at the level of contextual relativism in Perry's scheme.

Students functioning at the level of contextual relativism tend to be mature and serious about their studies. Their outlook is reflected in the following comments. A male Harvard student stated in his interview:

> ...if you try touse the approach the course outlines, then you find yourself thinking in complex terms, weighing more than one factor in trying to develop your opinion...Somehow, for me, just doing that has become extended beyond the courses...Somehow what I think about things now seems to be more...it's hard to say right or wrong... but is seems more...sensible." (Perry, 1970, p. 100)

A female student at Wellesley commented:

> "What Wellesley has given me is not just four years of facts, but this analysation process. I use it in everything, now. I don't think it can be separated from me at this point...It gives me the ability even in personal problems to stand back and...be a little more rational, to (see) the relationship of the problem to others things..." (Clinchy & Zimmerman, 1981).

Students at the level of contextualism may express the desire to remain students forever. The element that is missing at this level may be reflected in that wish. Beyond contextual relativism is the level of commitment in which the willingness to risk is a central feature.

In Perry's model, the final stage of Commitment involves the ability to take a stand, argue for a position, or make a decision knowing that ultimate truth is not known. As a simple example, the dualistic student thinks there is one right job out there for her, and some expert (like the vocational counselor) should be able to tell her what it is. The multiplistic student recognizes there are innumerable possibilities, but believing there is no rational basis for choosing one over another she waits for "something to just hit me." The student functioning in contextual relativism knows there is no single right job, but also realizes that she can problem-solve, accumulate information about herself, the job market, and so forth, and weigh various factors in order to come to a decision. However, such students often feel paralyzed by their understanding that despite all their efforts they may regret the decision they make - they may ultimately conclude it was the wrong choice. Making that choice involves the ability to take a leap of faith and embrace a path wholeheartedly while knowing that we cannot be certain of having made the best decision possible. This is commitment in Perry's scheme. Those who arrive at this level come to realize that multiplicity and contextual relativism have their own limitations. As one student remarked: "I used to think that by

defining something such as love or what has meaning in life, you immediately put limits on it, but in the past few months, I've discovered that by not being able to clarify my own thoughts, feelings, and reactions, I really put the limits on."

How does one go about teaching in such a way that students are develop more sophisticated epistemological theories? To illustrate briefly what might be done, I will describe a class in Abnormal Psychology which I structured with Perry's model in mind.

The outline of the typical Abnormal Psychology class is probably reflected in the format used in most abnormal psychology textbooks. These begin with a chapter focusing on the question "what is normality?" and describing a brief history of mental illness: early theories of causation and treatments. This is followed by an introduction to the major theoretical perspectives current in abnormal psychology today, such as psychoanalytic, behavioral, and biological. There follows some discussion of research methods in abnormal psychology and approaches to diagnosis, including psychological testing. The remainder of the course consists in presenting various psychological disorders, describing the disorder and the theories proposed to explain them. The text concludes with a summary of treatment approaches.

Early in my teaching career, I considered the text material dealing with historical and anthropological perspectives on abnormality to be a frill. Sometimes, to be sure, the stories told in this more frivolous area were spellbinding. However, they seemed tangential to the major content of the course, as did

the discussions on "what is normal?" (which I used more as an ice-breaker early in the term that for its substantive content). In the context of Perry's model, these issues have become the heart of the course, for they represent the first introduction to the notion that truth is relative.

To engage the student in this idea, I developed a number of assignments related to this material (see Appendix A). The first task which students may choose is designed to allow those students who are anxious about the relative lack of structure in the course to choose a familiar, structured task: outline a chapter. The part of the assignment which represents a challenge to them and which emphasizes the central idea is the requirement that they indicate how the theme of relativity is reflected in the various aspects of the chapter.

The second task which students may select appeals to students who easily apply ideas to their personal lives. The most common difficulty students have with this task is that they tend to write something like "I have a friend who is anorexic, but her behavior is not really abnormal when you consider her family situation..." They continue to argue that the friend's behavior is not abnormal because it is understandable. They have a hard time identifying assumptions which, when changed, make the behavior considered truly normal (within that context) rather than simply "abnormal but understandable."

The relationship between tasks three and four and the concept of the relativity of truth is apparent. In addition, these assignments are intended to introduce the students to the idea of going beyond their textbook and of discovering the

interdisciplinary links between abnormal psychology and other fields.

The next step in the course is to transfer this idea of the relativity of truth to the major theoretical models discussed in abnormal psychology. The psychoanalytic, behavioral, humanistic, sociological, and biological models are presented as different perspectives, each of which may show us a piece of the truth and be more or less helpful in understanding various psychological disorders.

Students are required to apply these models to a case history which has been discussed in class. As a stepping stone to this assignment (which most students find difficult) the students do a "sorting exercise" in which they attempt to classify various statements as reflecting one model or another. (See Appendix B). This exercise is not graded, but the discussion which ensues underscores the key concepts of the models and the common difficulties in differentiating one model from another. The exercise also underscores the relative nature of truth, and the distinction between "fact" and "interpretation," because it becomes clear that some statements might be able to be categorized in two different ways. On the other hand, the multiplistic attitude of "every opinion is okay" also comes under fire as the students themselves acknowledge that some statements are clearly less representative of some models than of others.

The topics of research and methodology in abnormal psychology are treated as means of justifying one interpretation or conclusion as more valid than another. The actual assignment

(see Appendix C) forces the students to begin locating research relevant to their individual case studies, which they will need in order to write the final position paper which the course requires. The emphasis during class is on how to evaluate the research they review to determine its relevance and strength in supporting various theoretical perspectives. At times, I supplement the text material with a class discussion of a 1936 article which seriously argues that masturbation causes mental illness. The weak arguments and poorly controlled research presented in this article are easy for students to spot, and the relevance to the need to read and evaluate statements critically is underscored.

The assignment related to assessment and diagnosis (see Appendix D) attempts to engage the students with the material either by relating it to their own case analysis (Assignment 1), by using it to further elucidate the theoretical models (Assignment 2) or by applying the abstract concepts creatively to a problem (Assignment 3).

As in a traditional class, the remainder of the course focuses on presenting information regarding the specific disorders, indicating how the various models are used as a basis for interpreting or treating the disorder. Students prepare for the two major papers required in the course by completing a worksheet (See Appendix E) which may later serve as the basis for the papers themselves. The extensive feedback they receive on this assignment should clarify any misconceptions regarding the theoretical models and insure a minimum level of competency on the papers.

Two major (7 to 10 page) papers are required in the course. In the comparison paper, students must contrast the various models particularly as these apply to their individual cases. The worksheet and their previous experience in applying the models to the class case help prepare them for this. In the final position paper, students are essentially required to make a commitment: they must take a position regarding what they consider the best explanation of the disorder and the best treatment for it. (See Appendix F). The position paper, therefore, requires a knowledge of research and of treatment effects in order to justify the position the student takes.

Detailed guidelines for these two papers are provided, along with grading criteria (see Appendix F). Such guidelines are intended to provide structure to anxious students who would like a "cookbook" set of steps telling them what to write or what to think. As a substitute, the guidelines provide some ideas of how to write or to think about the issues. Moreover, the grading criteria may communicate that there are in fact criteria which can be used to evaluate one argument as stronger than another, and students have a vested interest in mastering the skills suggested by the criteria.

How do students respond to such a course? My personal experience with traditional undergraduate students was mixed. Initially, the students were frustrated and plaintively asked why I didn't teach the way I "usually" did ("we like that better"). I used all the techniques I had read about related to developmental instruction: trying to create a community of scholars, having

much contact with the students both through appointments and through extensive feedback on assignments, trying to build assignments on one another, and so forth. I felt a tension between myself and the students unlike anything I have felt in years: it was as if they wanted to trust me and to some extent saw the assignments as more meaningful thab exams, but questioned whether the work required was worth the effort. By the end of the term, I began to wonder, too: I invested at least twice the time and energy in teaching the course in this manner, had to cope with more frustration and sometimes anger on the part of students, with little sense that they saw much value in what we were doing. For this reason, I was stunned by the course evaluations which I expected to be at best moderately positive. Instead, I read one of the most positive sets of evaluations I have ever received. Mulling over this mixed experience, I returned to Perry's (1970) comments about the nature of commitment: that it requires a leap of faith, that it is only through commitments that one can define one's identity and involvements in the world.

Other proponents of Perry's model have reported more extensively and objectively on their efforts to implement developmental instruction. In general, these researchers have demonstrated that students in such courses tend to develop along the lines Perry described (e.g., Cornfeld & Knefelkamp, 1977; Goldsmith, 1977; Stephenson & Hunt, 1977; Widick, Knefelkamp, & Parker, 1975). Those who wish to pursue this literature further may find the enclosed copies of references to Perry's work and an annotated bibliography helpful.

References

Clinchy, B. & Zimmerman, C. Epistemology and agency in the development of undergraduate women. In P. Perun (Ed.) The Undergraduate Woman: Issues in Educational Equity. Boston: D. C. Heath & Company, 1981.

Cornfeld, J. & Knefelkamp, L. L. Application of student deveopment theory to graduate education - the developmental instruction design of a year-long counselor education curriculum. In Integrating Student Development Services and Professional Education: The Maryland Approach. A Commission XII sponsored presentation at the American College Personnel Association National Conference, 1977, 1-44.

Goldberger, N. Developmental assumptions underlying models of general education. Paper presented at the Conference on General Education, William Paterson College of New Hersey, 1979. Reprinted in Liberal Education, 1981, 67, 233-243.

Goldsmith, S. Application of the Perry schema in a college course on human identity. Pupil Personnel Services Journal, 1977, 6, 185-196.

Parker, C. A. & Lawson, J. M. From theory to practice to theory: Consulting with college faculty. Personnel and Guidance Journal, 1978, 56, 424-427.

Perry, W. G. Forms of Intellectual and Ethical Development in the College Years: A Scheme. N.Y.: Holt, Rinehart, and Winston, 1970.

Stephenson, B. & Hunt, C. Intellectual and ethical development: A dualistic curriculum intervention for college students. The

Counseling Psychologist, 1977, 6, 36-42.

Widick, C., Knefelkamp, L. & Parker, C. A. The counselor as a developmental instructor. Counselor Education and Supervision, 1975, 14, 286-296.

Author's Note

In addition to the Appendices noted in the text of the article, Appendix G is included to illustrate the nature of the course as a whole. Copies of this article are available from the author by writing to her at North Central College, Naperville, IL 60566.

APPENDIX A

Abnormal Psychology

Directions: Choose **one** of the following assignments to demonstrate your understanding of the concepts in Chapter 1.

1. Analyze Chapter 1.

The central theme of this chapter is the idea that meaning and truth are relative, and depend upon context. Outline the chapter in a way that indicates how the sections of the chapter and the information in those sections is designed to illustrate the central theme. Specifically describe samples of the relevant information, and explain the logical relationship between that information and the central theme of the chapter.

2. Generating Personal Examples; Identifying Assumptions

To show the importance of context in determining truth or meaning, describe examples of your own (from your life, books, newspaper articles, etc.) which illustrate the three definitions of abnormality offered by your author: subjective distress, inability to cope, and social norm violation. Identify the assumptions which underlie these definitions. Then describe some context in which the behavior in the examples you have given might **not** be considered abnormal. Identify the assumptions which would underlie our definiton of these behaviors as "normal."

3. Analysis of Relativism from the Historical Perspective

Based on the information in your textbook, briefly describe examples from three different historical periods which illustrate how social context influenced the definition of abnormality and the ideas about what causes abnormality. The historical periods should only include periods after the Ancient Greeks. Explain how the treatments of those times were logically related to the ideas held about the definitions and/or causes of abnormality. Then choose some historical period with which you are familiar (including modern times), and show how the ideas about the nature and cause of mental illness reflects other features of that historical era. In doing this, you should be going beyond the textbook and supplementing the sketchy information regarding historical periods there with information from your personal study.

4. Analysis of Relativism from a Cultural/Anthropological Perspective.

This is similar to #3, except that in this assignment yu demonstrate how the beliefs and customs of a particular culture influence the definition of mental illness and treatment(s) of it. Begin with a brief summary of information in chapter 1 which emphasizes cultural differences, but add to this information from other sources in cultural anthropology to provide more detailed examples.

APPENDIX B

Chapter 2 Homework Assignment

Directions: For each of the statements below, indicate whether you think the statement would most likely be made by someone who adhered to a Freudian (psychoanalytic), behavioral, sociological, medical (biological), or humanistic (Rogers & Maslow) orientation. Use the following code:

A = analytical; B = behavioral; S = sociological; M = medical; H = humanistic.

In addition, mark with a "?" those statements which you are most unsure about - but make some guess also.

_____ 1. The best treatment for bulimia is for the individual to take antidepressant medication, since the bulimia seems to be symptomatic of an underlying depression.

_____ 2. I agree that bulimia is related to an underlying depression, and the bulimia is just a symptom of the real problem. But the best treatment is not to take drugs - we need to dig deep to find what is causing the depression and make the person aware of that.

_____ 3. The symptoms that someone suffering from bulimia has are not "signs" of an underlying problem - they are the problem. Our treatment goal is to get the person to stop binging and vomiting - it's that simple.

_____ 4. The major reason that so many women today are suffering from bulimia and anorexia nervosa is that United States culture puts such a ridiculous emphasis on being thin - especially for woman.

_____ 5. Many studies indicate that women suffering from eating disorders like bulimia have poor self-concepts and low self-esteem. If their self-image improved, so would their symptoms.

_____ 6. Some people are born more anxious than others; in fact, psychologists have done studies which show that some babies at birth are very tense, "reactive," or have a high "level of arousal" - meaning that they react intensely to stimulation. Such babies may grow up to be highly anxious adults.

_____ 7. Research also indicates that babies who are related to adults with ulcers secrete more stomach acid than other babies. So ulcers seem to be caused by physiological differences.

_____ 8. Psychological testing in one study showed that the adults who developed ulcers had conflicts about dependency which they themselves were not even aware of.

APPENDIX C

Abnormal Psychology Dr. Van Hecke

Research Strategies

In order analyze your individual case and to defend a position in your final paper regarding the "best" explanation for and treatment of the disorder in your own case study, you need to research the particular disorder in your case in more depth. Specifically, you need to locate articles which discuss: 1) different theoretical explanations for what causes the disorder in your case; 2) the extent to which research supports the explanation of the disorder offered by the five theoretical models and 3) the extent to which research supports the effectiveness of treatments based on the theoretical models?

To help you begin to answer these questions, you need to locate references relevant to them. I urge you to begin this library search within the next two weeks so that you will receive materials you have ordered in time to use them in preparing the "Case Analysis Worksheet" assignment which is due May 16. These same materials will also form a major basis for your final paper. If you copy a summary of a reference ahead of time, you can also get some feedback from me that may help you determine whether or not the reference is worth ordering.

Reference Sources

1. your own textbook, searching in the chapter which discusses the disorder in your case study; textbooks on reserve in the library. Often various authors emphasize different theoretical models. For example, one author may have very little information regarding a behavioral vs. psychoanalytic approach explanation of schizophrenia, while another may have the reverse emphasis. By skimming the texts on reserve, you may find some authors who discuss in detail a perspective on the type of disorder in your individual case which our own author barely mentions. Moreover, the references cited in this texts may be an excellent source of further material.

2. the discussion and references which are part of your case study itself;

3. the Psychological Abstracts in the reference section of the library;

4. the "subject search" system available on one of the computer terminals in the library;

5. a "dialogue" search conducted through the library.

Additional information will be given in class regarding how to use these various approaches.

_____ 9. People develop ulcers because they live under such stressful conditions; that is why the ulcer rate among men used to be so much higher than the rate among women. Now that more women are working in competitive positions, their rate of ulcers is also increasing.

_____ 10. In childhood, we may get more attention when we develop stomach problems that when we complain of headaches or other ailments. If this occurs, the likelihood that we'll react to stress through stomach symptoms increases; and as adults we may develop ulcers because we've learned to react this way.

_____ 11. One of the reasons that children are fearful or anxious is because their mother is also anxious, and the child watches her and becomes afraid too.

_____ 12. All of us have some feelings and impulses that make us so anxious, we don't allow them to come into our consciousness. That is why sometimes we will awaken from a dream which we cannot remember with a feeling of great dread or anxiety.

_____ 13. Many people are anxious because they have associated something negative with a place or action so they become anxious anytime something reminds them of that event. For example, people may develop a phobia of bridges after driving off a bridge when the warning gates had failed to go up.

_____ 14. One of the reasons we are anxious is because as children we received disapproval so often that we began to think of ourselves as "bad" and label many natural thoughts and feelings as "bad." So as adults we now feel we are worthless or unworthy, and fear people will reject us because of this.

_____ 15. Heart disease and high blood pressure run in families to some extent.

_____ 16. When identical twins in which only one twin had a history of heart disease were compared, the twin with heart disease turned out to be the twin who had the most stress in their lives.

_____ 17. High blood pressure is higher among blacks than among whites so there is probably a genetic basis for this disorder.

_____ 18. High blood pressure is higher among blacks than whites, probably because blacks (on the average) consume a diet which contains more cholesteral and carbohydrates than whites do.

_____ 19. High blood pressure is higher among blacks than whites, probably because they live with more pressures due to poverty, discrimination, and crime.

_____ 20. Black individuals in poor neighborhoods have difficulty reaching "self-actualization" because many are stuck at the level of simply trying to get their physiological needs met.

APPENDIX D

Abnormal Psychology Dr. Van Hecke

Assignment for Chapter 4 Assessment and Diagnosis

Choose **one** from the following. Each assignment should be one to two pages in length (double-spaced, typed). You will probably need to study Ch. 4 carefully before doing the assignment.

Task 1: Evaluate testing data in your own case study

If psychological testing was given the to individual in your case study, and a summary of the test results is included in the case, you can discuss this testing in relation to the key concepts in this chapter. For explain, you can:

1) explain why testing might have been done in this case;
2) explain how the test results could be logically related to one or more of the theoretical explanations of what causes this person's problems;
3) speculate on how the test results were used or might be used by a therapist to help this patient;
4) indicate how the testing in this case could involve the ethical issues related to diagnosis, etc.
5) discuss to what extent the test results seem to have 'validity' in this case (i.e., are the results consistent with the other data from the case?).

Task 2: Develop "diagnostic questions" reflecting different orientations.

Individuals from the psychoanalytic, learning, and humanistic orientations view diagnosis and assessment very differently. They are interested in different sorts of information as they try to help a client. Based on your understanding of these orientations, develop a list of questions that individuals from each of the three orientations might want to ask the person in your case study in an initial interview. Explain how the questions are related to the three different theoretical models.

Task 3: Devise a Test for the Diagnosis of Kuru

Remember that (thank goodness) rare disorder, kuru (fear of withdrawal of the penis)? Devise a test for diagnosing either individuals who are high-risk for developing this disorder and/or who have already developed the disorder. Discuss what you would do about collecting normative data, standardizing the administration of the test, and determining its reliability and validity.

Once you find promising references, it is probably best to then read a summary of these (either in Psychological Abstracts or the summary provided in the dialogue search) to determine if it is really pertinent. Once you have located relevant articles, you can then obtain them in the following ways:

1. using the library computer terminals and/or listing of journals to determine which libraries, including NCC, carry the journal in which the article appears, or carries the book and

2. then ordering the materials through

   a) interlibrary loan
   b) telefax system (often arrives within two days).

I strongly urge you to obtain copies of promising books and articles which you locate as soon as possible, so that you will have them in time for preparing your final paper. Books which are not at NCC can be ordered through the computerized system you see as you enter the library; ask the librarian for help if you don't know how to use this. A listing of the journals held by NCC is located near the checkout counter. If you need an article in a journal which we don't carry, these can be easily ordered for a reasonable charge (I think 10 cents a page); get an order slip from the attendant at the checkout counter. Additional details about using the library to obtain materials will be given in class.

To summarize, the assignment consists in:

1) a list of five references with a summary (one paragraph) of each reference
2) which indicates that the references are relevant to the question of either what causes or what treatment is best for the disorder described in your particular case study
3) an which reflect at least three of the five orientations you will be comparing and contrasting.

APPENDIX E

Abnormal Psychology

Chapter 2 Worksheet

This assignment consists in drawing upon the material in chapter 7 in order to apply the five theoretical models presented in chapter 2 in a more refined and comprehensive manner to the Case Study "A Life of Compulsive Rituals: The Case of Ruth Langley." Chapter 7 focuses on anxiety disorders, and has a section particularly on obsessive-compulsive disorders which will help illustrate how the general models can be applied more specifically to a case. The discussion section of the case study paper is also helpful in this regard. Use these as your sources. You should also read ch. 4 which will be covered in class on the same day this assignment is due, and which should be helpful in further clarifying the differences among the models. Chapter 4 focuses on diagnosis, and diagnostic procedures differ greatly among the various models.

The purpose of this assignment is to give you practice in applying the models to a case, as you will have to do in your individual Case Analysis papers at the end of the term. It will also allow you to receive feedback from me which may clarify any misconceptions you have about the models.

Directions:

For each of the five models, you need to write one page (typed or handwritten) describing:

a. how that model might explain obsessive-compulsive disorders or (if there is no specific application of the theory to this type of disorder) how the general explanation of psychological problems offered by the model might be applied to obsessive-compulsive disorders;

b. any research which supports the explanation offered by the model;

c. how that model would specifically apply to Ruth Langley's case; i.e., how it migh explain her compulsive cleanliness;

d. any data from the case which is consistent with the explanation offered by that model.

Models may be applied to a disorder or specific case in various ways. Using Ruth Langley's case as an example, the application of a model might:

1) describe a major concept of the model (e.g., reinforcement) to explain why people in general persist in compulsive rituals or why Ruth Langley (in particular) does so;

2) indicate the sort of information in the case which the model would emphasize (e.g., the psychoanalytic model might emphasize the significance of early childhood experiences or the results of Ruth's psychological testing);

3) indicate the questions which would be raised by someone from that perspective (e.g., someone from the biological perspective might ask whether Ruth and her mother had (physiologically) higher arousal levels);

4) it may emphasize treatment [e.g., the behaviorist might emphasize the effectiveness of treatment, explaining its success in terms of behavioral principles, while the humanist might argue that the treatment suceeded because the therapist (in placing her hands in the water containing some of Ruth's urine) showed unconditional positive regard for Ruth.]

Below are summarized some of the major concepts of the five models. These may useful as guides to your analysis.

Psychoanalytic Model

Major Concepts

1. symptoms reflect unconscious conflicts in the area of either dependency, aggression/authority, or sexuality. Example of a specific application: fixation at the anal stage of development.

2. experience of anxiety regarding the conflicts, and/or use of defense mechanisms to deal with the anxiety.

3. childhood experiences which led to the development of the unconscious conflict to start with.

Behavioral Model

Major concepts:

1. Classical Conditioning: symptoms are a Response in a Stimulus-Response connection.

2. Operant conditioning: symptoms continue because they are reinforced. Example of a specific application: avoidance learning.

3. Modeling: symptoms are acquired through observing others.

4. Generalization: early experiences with each of these types of learning may have occurred in childhood, and be generalizing to the current life situation of the patient and/or responses learned in adulthood may be generalizing to similar situations.

APPENDIX F

Abnormal Psychology

GUIDELINES FOR CASE ANALYSIS PAPERS

Two papers are required as part of this course. In the first paper, you will compare the explanations which different theoretical models would offer to explain the cause of the problems experienced by the person in your case study. This paper will help prepare you to write the second paper, in which you will defend a position regarding what explanation best accounts for the person's problems, and what treatment should be recommended.

Paper #1: Comparison of Models

In the comparison paper, you are being asked to analyze the particular case study you selected according to five models: the biological (medical), sociological, psychoanalytic (Freudian), cognitive-behavioral, and humanistic models. This means that you would describe the different explanations each model would offer of the case, and the rationale underlying each, in a way which highlights their similarities and differences.

To do this, you need to provide a somewhat brief general description of the major ideas involved in each model, saying enough that I can see you are aware of the major ideas. Then select those major ideas associated with each model which seem most important in explaining the particular case study you are analyzing, and apply these to the case in more detail. For example, if you are arguing that the behavioral model would explain the individual's behavior primarily in terms of stimulus-response associations, then you should not only indicate what "responses" of the individual in the case might be triggered by what stimuli in particular, but you should be able apply some additional concepts which are part of stimulus response theory (e.g., the law of stimulus generalization) to explain what caused the person's problems.

In addition, you may need to describe what data in the case the model would emphasize, and how it would tend to interpret that data. You can also go "beyond" the data by suggesting what kind of additional information this model might seek in support of its hypothesis(es) about causation. In all of these activities, you are essentially trying to do a comparison which will help you eventually answer the question: To what extent does the explanation offered by this model fit the data in case study?

Paper #2: Position Paper

In the final position paper, you should be able to draw on your comparison paper to help you decide what you believe to be the "best" explanation of your case. In addition to evaluating how adequately a particular theoretical model (or combination of

Medical Model

Major concepts:

1. Symptoms may be due to some physiological problem or difference.
2. There may be a family history of the symptom or related symptoms.

Sociological Model

Major Characteristics:

1. The symptoms may reflect acceptable behavior within the individual's social group. Example of a specific application: ethnic or social class differences in the acceptability of expressing emotions, or in valuing self-control and perfectionistic tendencies.

2. The symptoms may reflect a way of coping with special pressures within the individual's social group.

3. Symptoms may be related to one of the roles people play in their lives, or to the stress of shifting roles.

Humanistic Model

Major concepts:

1. The symptoms represent a reaction to the person needing to deny some part of themselves (some feelings or thoughts which they experience as unacceptable).

2. We learn to deny parts of ourselves in childhood because we experience "conditional regard" rather than "unconditional positive regard."

3. We fail to self-actualize because we are unable to get lower level needs met to allow us to move on to meeting higher level needs (Maslow's model).

GRADING CRITERIA

Characteristics of 'A' Papers

Both papers are graded on accuracy of content, independent/creative thinking, logical reasoning, and writing skills (including organization, grammar, etc.) In terms of writing, an "A" paper will be extremely well-organized and well-written - it will not read as a "first draft" but as a polished product which the author has revised.

Paper #1: Comparison Paper

In general, an "A" paper will be one in which you have presented a clear application of each model, indicating that you understand the refinements of that model. Your analysis will indicate that you have been creative in finding data in the case which the model would emphasize. In indicating how that data would be interpreted by that model, you will have communicated the differences among the models clearly.

Paper #2: Position Paper

In an "A" paper, the degree to which research supports each model will be made clear with brief descriptions of the relevant research. The student's final position regarding which approach would provide the best analysis of the causes and appropriate treatment in the case will be clearly presented and strongly justified.

Characteristics of a 'B' Paper

In terms of writing, a "B" paper (while competently written) may have some flaws in organization, some unclear sentences, some sections which need introductory or summary sentences, some grammatical errors, etc. While these will be at a minimum, they will occur often enough to keep the paper from being judged as at the highest level of writing.

Comparison Paper

A "B" paper will differ from an "A" paper in being somewhat less clear or less complete in its more refined application of the models (though still very accurate); by being less successful in finding and/or interpreting case data to "fit" the model (e.g., omitting relevant data); by not making the distinctions among the models as clear (e.g., by citing relevant data but not explaining clearly how this data would be described to reflect one model vs. another which might also cite it in support of its explanation).

models) accounts for the data in the case itself, you will also need to address the question: to what extent does research support this model's interpretation as an adequate explanation of this disorder in general? To answer this question, you need to study the research related to the disorder described in your case as it is summarized by your text, the case study discussion, and other relevant research located through Psychological Abstracts. The information from these sources will help you to justify your argument that a particular model or integration of models would provide the "best" explanation and treatment by indicating the extent to which the case material and research in general in consistent with the approach you are describing.

This research may also help you to take a position regarding what treatment approach to recommend, which is the final aspect of the position paper. To make this judgment, you will need to be aware of the logical relationships that exist between the theoretical models explaining disorders, and the treatments each model recommends. You will also want to know if there is any evidence of one treatment approach (or combination of approaches) being more effective than others with the particular disorder in your case. In order to describe the treatment you recommend in a way that shows its particular application to your case, you will need to study the material in the text chapters related to treatment, as well as drawing on comments about treatment in the chapter which discusses the disorder in your case.

Point of View

In both of these papers, you should write the paper in such a way that it could be understood by a reasonably bright college student who had very little background in psychology. Students also often wonder how much of the case itself they need to summarize for me (after all, I've read it too). It often helps to write a brief (one paragraph) summary of the case in general; however, it is usually best to incorporate details from the case in the application of the models themselves. For example, if you want to indicate that the person was behaving in the way she did because she was being reinforced for doing so by her boyfriend, it is best to give a specific example of this from the case when you are discussing the reinforcement interpretation in your paper, rather than noting this information in a general introduction to the case.

TECHNICAL REQUIREMENTS

Papers must be typewritten, double-spaced, with at least a one inch margin on all sides to leave room for my comments. I believe each paper will need to be about 6 or 7 pages long.

Position Paper

A "B" paper might have less research cited in support of a statement regarding the adequacy of a particular model, or a less convincing argument for the approach proposed by the author (e.g., there might be some "logical leaps," or statements which seem to require more support than the author provides.) The relationship between the treatment recommended and the explanation offered for the disorder may be somewhat unclear, or the recommended treatment may need to be justified through logical arguments and/or research related to treatment more than it is.

Characteristics of a 'C' Paper

In terms of writing skills, the "C" paper is readable, but contains more instances of poor grammar, poor organization, unclear referents, etc. than the "B" paper. The "C" paper may often include some ideas that might represent a powerful analysis of the case, but which are not communicated clearly because of problems with writing.

A "C" paper is one in which the models are applied in a general way, but with little of the more refined application required in the comparison paper. Regarding the position paper, the "C" paper might have a minimal degree of research cited to support statements regarding the degree to which a particular model is able to explain a case, and/or to support the author's position regarding the "best" analysis.

Characteristics of 'D' and 'F' Papers

In a "D" comparison paper, the various models might be sparsely and/or inaccurately described; or the application of the model might be strained, or at times inaccurate; or the descriptions of how each model would interpret the case data might occasionally make it difficult to distinguish one model from another. In general, the paper indicates only minimal understanding of the refined application of each of the five models.

In a "D" position paper, the author's position regarding the "best" explanation or "best" treatment might be unclear. There might be little description of research to support the application of each particular model, and/or to support the approach which the author considers "best." It may suffer from poor organization and writing skills which make the author's ideas frequently hard to follow.

Finally, the "F" paper fails to meet the requirements of the assigment, either by omitting major portions of the assignment (e.g., not including any research in the discussion of the models, or not including the author's own position) or by failing to demonstrate even the most basic grasp of the concepts of the models or their application to the case.

These descriptions are offered as guidelines to the quality of what is expected. They are not meant to imply that no other aspects of the assignment are taken into consideration, or that all of the negative characteristics associated with a letter grade must be present in order for that grade to be assigned.

Papers are due on the date noted on the Course Schedules. Late papers are automatically penalized unless there is evidence of sudden, severe emergency circumstances which you discuss with me. The degree of penality is proportionate to the degree of lateness.

APPENDIX G

SYLLABUS

Abnormal Psychology
PSY 356

Dr. Van Hecke
Winter, 1987

Course Goals

The major goals of this course are:

1) to familiarize students with the various psychological disorders and think critically about the theories which attempt to explain them;

2) to increase students' ability to communicate their critical thinking both orally and in writing;

3) to increase students' sensitivity to those who struggle with mental illness or who experience psychological difficulties.

Required Text

Abnormal Psychology by Price and Lynn, 2nd edition, The Dorsey Press, Chicago, IL

Class Format

Class periods will frequently be used to clarify key concepts in the course through discussions, lectures, films, demonstrations, and exercises. Through these activities, students will also be more prepared to carry out the class assignments upon which their grade will be based.

Many of these class assignments will be related to a case study. Each student will receive two case studies at the beginning of the term. The first, entitled "A Life of Compulsive Rituals," will be given to each student and will be used in class throughout the term to illustrate how to do assignments related to the second case study. The second case study will be different for each student, who will select a particular case at the beginning of the term and work with that case in various ways throughout the term.

Student Evaluation

A number of different assignments will be given throughout the course, and performance on these will be the major basis for final grades. These assignments range from brief (2-3 page) papers to worksheets, brief class presentations, and two somewhat longer papers (i.e., 6-7 pages) developed over the course of the term.

The required assignments, and the number of points each is worth, is as follows:

Points	Assignment
25	Chapter 1 assignment
25	Chapter 2 Worksheet
25	Chapter 3 assignment
25	Chapter 4 assignment
50	Comparison Paper Worksheet Assignment
50	Exam on Chapters 5, 6, 8, 9
100	Comparison Paper
100	Position Paper
75	Final Exam on Chapters 10 through 15
500	

Addition information regarding these assignments, including Guidelines for the two required papers, will be given in class. Late assignments will be automatically penalized for lateness except in the case of sudden, serious emergencies. **No assignment will be accepted more than one week after the date it was originally due.** The final assignment of the course, the position paper, will not be accepted after the due date shown on the course schedule.

At the end of the term, final grades will be determined by calculating each student's total number of points as a percentage of the total possible points (500). Letter grades will then be assigned as follows:

A=90-100% B=80-89% C=70-79% D=60-69% F=below 60%

Attendance determines the grades of student's who fall in a borderline area (e.g., 69% or 79%) at the end of the term.

Professor Availability

My office is located down the hall from our classroom, in Goldspohn 16. There is an appointment sheet on my door which lists various times I am available each week. To make an appointment, you can simply sign up for a convenient time, or arrange for another time if those listed are inconvenient. You can arrange for alternate appointment times by calling me in my office (420-3427) or seeing me before or after class. In urgent cases, you may call me at home (386-7672). Please do not phone after 9 p.m. or before 7 a.m.